

FILED SEP 9 1941

Registration District No. Primary Registration District No. 3009

1. PLACE OF DEATH:

(c) County Cape Girardeau Mo.
(b) City or town Cape Girardeau Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community years, months or days

3. (a) PRINT FULL NAME

Baby Elfrink

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex

F 1

5. Color or race W

6. (a) Single, widowed, married, divorced U

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased 8-4-41
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 hr. min.

9. Birthplace Cape Girardeau, Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Louis Elfrink

13. Birthplace Reasdale Mo. D
(City, town, or county) (State or foreign country)

14. Maiden name Clara Dargensup

15. Birthplace Glenon Mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Elfrink

(b) Address Glenon, Mo.

17. (a) Burial (b) Date thereof Aug 5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glenon, Mo.

18. (a) Signature of funeral director Louis Elfrink

(b) Address Glenon, Mo. (Father)

19. (a) 8-4-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town GLENON
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 24
year 41 hour minute M.

21. I hereby certify that I attended the deceased from 8-4-41 to 8-4-41
that I last saw him alive on 8-4-41
and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory (5 1/2 minutes)

Due to 159

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature A. Russell (M. D. or other)
Address Cape Girardeau Date signed 8/24/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

125 A. Spencer

X26390

16
8
4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.